



Docket No.: M4065.0660/P660  
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re Patent Application of:  
Howard E. Rhodes et al.

Application No.: 10/689,712

Confirmation No.: 4640

Filed: October 22, 2003

Art Unit: 2815

For: AN OPTIMIZED PHOTODIODE PROCESS  
FOR IMPROVED TRANSFER GATE  
LEAKAGE  
\_\_\_\_\_

Examiner: J. A. Fenty

**AMENDMENT**

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

**INTRODUCTORY COMMENTS**

In response to the Office Action dated November 23, 2005, finally rejecting claims 1-5, 9, 11-16, 18-20, 22-28, 54-58, 62, 66, 64, 68 and 74-77, please amend the above-identified U.S. patent application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 14 of this paper.



<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. M4065.0660/P660	
Application No. 10/689,712-Conf. #4640		Filing Date October 22, 2003		Examiner J. A. Fenty	
Art Unit 2815					
Applicant(s): Howard E. Rhodes et al.					
Invention: AN OPTIMIZED PHOTODIODE PROCESS FOR IMPROVED TRANSFER GATE LEAKAGE					
<b>TO THE COMMISSIONER FOR PATENTS</b>  Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	55	- 76 =		x	
Independent Claims	3	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1073</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 _____ Thomas J. D'Amico Attorney Reg. No.: 28,371  DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP 2101 L Street NW Washington, DC 20037-1526 (202) 828-2232				Dated: <u>February 23, 2006</u>	